

CIRCULAR FOR INVITING APPLICATIONS FOR THE POSTS OF SENIOR RESIDENTS/DEMONSTRATORS/EMO/MO & LMO AND JUNIOR RESIDENTS IN VARIOUS DEPARTMENTS OF GMCH.

Walk-in-interview will be held on every 3rd Wednesday for filling up the vacant posts of Senior Residents/ Demonstrators/EMO/MO & LMO and Junior Residents in various departments of GMCH on tenure basis as a stop gap arrangement till the regular interview gets conducted.

Interested candidates who have passed their MD/MS/DNB or MBBS graduates (for the post of Demonstrator/EMO/MO & LMO and Junior Resident) in concerned specialty can apply on prescribed format along with photocopies of relevant certificates/testimonials, a recent passport size photograph and non-refundable fee of Rs.500/- (Rs.250/- in case of SC candidates) by means of Demand Draft in favour of Director Principal, GMCH and payable at Chandigarh. The applicant must also come with original certificates/testimonials on the above said day.

In case 3rd Wednesday happens to be a Public Holiday, the interview will be held on next working day.


DIRECTOR PRINCIPAL

CHANDIGARH ADMINISTRATION
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH,
GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH
Block D, Level-II, sector-32-B, CHANDIGARH-160030 Ph. 0172-2601023-24, 2665253-60, Fax No. 0172-2609300
ESTABLISHMENT BRANCH-II

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here

1. Name of the post applied for (with Dept Name.) : _____
{Fill Deptt. / Post name in order of preference if applying for more than one post with requisite application fee(s)}
2. Full Name (BLOCK LETTERS) : _____
Dr./Mr./Ms
(First name) (Second name) (Surname)
3. Father's/Husband's name (encircle as applicable) (BLOCK LETTERS) : S/o, D/o, W/o _____
4. Date of birth (Date/ Month/ Year) attach documentary evidence : _____
5. Age (as on the 01.01.2016) : _____ years _____ month(s) _____ day(s)
6. Whether working under Central / State Governments / Union Territories / Statutory Bodies / Autonomous Organisations / Research Institutions (Please specify the post held) : _____
7. Whether permanent/ temporary (with documentary evidence) : Permanent / Temporary (encircle if applicable)
8. (a) Permanent Home Address with Telephone/Mobile No. : _____
(b) Correspondence/Mailing Address with Telephone/Mobile No. : _____

9. Whether belongs to Gen. / SC / OBC / OPH : Gen. SC OBC OPH
10. UNDERGRADUATE/ POSTGRADUATE CAREER (attach attested copies of certificates/degrees in support of your qualifications)

Name of the Examination	Month & Year of Passing the examination	No. of times attempted	Overall marks obtained in all professionals	Overall maximum marks in all Profs	Overall % age Of marks in all Professionals	Name of the University/ Institution
M.B.B.S.						
(M.D./M.S./ M.D.S./D.M./M.Ch/DNB / MHA) or any other- {Please specify or encircle as applicable}						
M.Sc (Medical) in concerned specialty for non-medical persons from Medical Institute/ Faculty {Please specify the specialty-()}						

11. Whether postgraduate degree is recognised by Medical Council of India : Yes / No
12. Whether registered with State Medical Council or MCI (attach documentary evidence)
(a) Registration No. with the Medical Council of India/ State Medical Council : _____
(b) MCI or State Medical Council of India in which registered : _____
13. Teaching/Professional/ Research Experience after obtaining Postgraduate Qualification in chronological order: - (attach attested copies of experience certificates)

Name of the employer	Date of joining	Date of relieving	Total Period			Name of the post held (also state whether temporarily or substantively).	Pay Scale and present rate of pay and allowances
			Yrs.	Mths	Days		

14. Additional qualification such as Membership of Scientific Societies etc. : _____
15. Details of Prizes, Medals, Scholarships and National/International awards etc. : _____
16. If selected, what notice would you Required before joining : _____
17. Give below the names/ particulars of two referees from your speciality who are in a position to testify from personal knowledge to our fitness for the post:-

NAME	STATUS	ADDRESS

18. I hereby attach attested copies of certificates / degrees in support of age category, qualification and experience etc. i.e. Date of Birth Certificate, MBBS Certificate, PG Certificate, MCI Registration Certificate for MBBS/PG, Experience Certificate, Caste Certificate & Employer Certificate etc.
19. Details of Application Fee paid : Name of the Bank _____ Demand Draft No.(s) _____ Dated _____ for _____

Place : _____
Dated : _____

(Signature of candidate)

DECLARATION BY THE CANDIDATE

Post/ Deptt. applied for (as per S.No. 1 above) _____ in Govt. Medical College & Hospital, Chandigarh.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any mis-statement/ discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected and my candidature is cancelled as a result thereof.

Place : _____
Dated : _____

(Signature of candidate)

CERTIFICATE TO BE GIVEN BY THE CADRE CONTROLLING AUTHORITY/ EMPLOYER WHILE FOWARDING THE APPLICATION

1. Certified that Dr./Shri/Smt./Kumari _____ holds a post of _____ in this department/office/ institution/ organisation and the particular furnished by the officer are correct as per the record in this office. I have no objection to his/her application being considered for the post.
2. Certified that no disciplinary/Vigilance proceedings are pending or contemplated against the officer. No major or minor penalty have been imposed to the officer during the last ten years.

No. _____
Dated: _____

Name, Signature & Seal
of the cadre controlling authority
Designation _____
Office Stamp _____